

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | JK       | 69607  | 1/28/00  |
| O.I.P.E. CLASSIFIER       | MW       | 50     | 02-14-00 |
| FORMALITY REVIEW          | ZH       | 60248  | 3-29-00  |
| RESPONSE FORMALITY REVIEW |          |        |          |
|                           |          |        |          |
|                           |          |        |          |
|                           |          |        |          |
|                           |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date    | Claim    | Date   | Claim | Date |
|-------|---------|----------|--------|-------|------|
| Final |         | Original |        | Final |      |
| 1     | 8-29-02 | 1        | 1-8-03 | 51    |      |
| 2     | ✓       | ✓        | ✓      | 52    |      |
| 3     | ✓       | ✓        | ✓      | 53    |      |
| 4     | ✓       | ✓        | ✓      | 54    |      |
| 5     | ✓       | ✓        | ✓      | 55    |      |
| 6     | ✓       | ✓        | ✓      | 56    |      |
| 7     | ✓       | ✓        | ✓      | 57    |      |
| 8     | ✓       | ✓        | ✓      | 58    |      |
| 9     | ✓       | ✓        | ✓      | 59    |      |
| 10    | ✓       | ✓        | ✓      | 60    |      |
| 11    | ✓       | ✓        | ✓      | 61    |      |
| 12    | ✓       | ✓        | ✓      | 62    |      |
| 13    | ✓       | ✓        | ✓      | 63    |      |
| 14    | ✓       | ✓        | ✓      | 64    |      |
| 15    | ✓       | ✓        | ✓      | 65    |      |
| 16    | ✓       | ✓        | ✓      | 66    |      |
| 17    | ✓       | ✓        | ✓      | 67    |      |
| 18    | ✓       | ✓        | ✓      | 68    |      |
| 19    | ✓       | ✓        | ✓      | 69    |      |
| 20    | ✓       | ✓        | ✓      | 70    |      |
| 21    | ✓       | ✓        | ✓      | 71    |      |
| 22    | ✓       | ✓        | ✓      | 72    |      |
| 23    |         |          |        | 73    |      |
| 24    |         |          |        | 74    |      |
| 25    |         |          |        | 75    |      |
| 26    |         |          |        | 76    |      |
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| 35    |         |          |        | 85    |      |
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| 41    |         |          |        | 91    |      |
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| 43    |         |          |        | 93    |      |
| 44    |         |          |        | 94    |      |
| 45    |         |          |        | 95    |      |
| 46    |         |          |        | 96    |      |
| 47    |         |          |        | 97    |      |
| 48    |         |          |        | 98    |      |
| 49    |         |          |        | 99    |      |
| 50    |         |          |        | 100   |      |

If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy